



GULF LOGISTICS OPERATING, INC.
JOB SAFETY ANALYSIS WORKSHEET

Vessel Name Maggie A.

Date 5-25-17

Task at Hand Rigging

JOB DESCRIPTION	POTENTIAL HAZARDS	CONTROL OR CORRECTIVE ACTION TAKEN
1 Communication	Miscommunication	Get with all parties beforehand to discuss what is being loaded/offloaded before starting. Use VHF radios.
2 PPE	Personal injury	Wear all PPE for job, make sure it fits properly.
3 Taglines/inspect lifts	Uncontrolled loads, personal injury, vessel damage, slips, trips, falls	All lifts should have taglines. Use them to control lift from a safe distance. NEVER stand under lift. Lines should not have knots in them. Watch footing.
4 Hand signals	Miscommunication, personal injury, vessel damage	Use proper hand signals with crane operator. Make sure he can see you. You are his eyes. PPE
5 Hook load/make lift, unhook loads	Personal injury, vessel damage, slips, trips, falls	Watch footing. ALWAYS have an escape route. NEVER get under a lift. Be aware of pinch points. Even "light" lifts can cause major injuries!! PPE
6 Stand clear, control with tagline, give hand signals	Personal injury, slips, trips, falls, pinch points, vessel damage	Be aware of footing and body location. PPE. Have an escape route. Use hand signals and taglines to direct/control lift off/on vessel safely.
7 Clear vessel, swing over water	Personal injury, vessel damage	Once lift is clear of deck, use hand signals to swing lift over water. In case something falls, it will not fall onto vessel. Never stand under a lift.
8 Stop Work Authority	SWA	If at any point you do not feel safe, call "All stop", or "Stop work authority (SWA)". Figure out safe way to complete job, make changes, continue working
TOOLS USED		
Tag lines, crane, hand signals		
PERSONAL PROTECTIVE EQUIPMENT (check all that apply)		
Hard Hat <input checked="" type="checkbox"/> Respirator <input type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Steel Toe Shoes <input checked="" type="checkbox"/> Hearing Protection <input checked="" type="checkbox"/>		
Work Vest <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Face Shield <input type="checkbox"/> Fall Protection <input type="checkbox"/> Other <input type="checkbox"/>		
COMMENTS:		
RADIOS: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
SUPERVISOR NEEDED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
JSA COMPLETED BY: <u>Ten-5</u> SIGNATURES: <u>[Signature]</u> POSITION/TITLE: <u>Capt</u>		
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